



State Of New Hampshire
Board of Pharmacy
121 South Fruit Street
Concord, NH 03301

RENEWAL FEE:

\$250.00

Make check payable to:
Treasurer, State of NH

2016
Renewal of NH In-State Pharmacy Permit

General Pharmacy Information

Name Of Pharmacy		NH Pharmacy License #
Street Address Of Pharmacy		
City/Town	State NH	Zip Code
Telephone Number	Fax Number	E-Mail Address (<u>Must</u> be entered for renewal to be processed)

Pharmacist-In-Charge

Printed Name of Pharmacist-In-Charge	NH Pharmacist License #
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Statement / Attestation from Pharmacy Owner or Corporate Representative

To the best of my knowledge and belief the foregoing application is true and current in all respects. I understand that the pharmacy permit is issued in the name of the corporation or owner of the pharmacy and that a duly designated pharmacist-in-charge, as identified on the pharmacy permit, has accepted the responsibility for the safe, effective operation of that pharmacy as provided in NH RSA 318:38, I. This permit is not transferable and a new application (Form Ph B-1) must be submitted to the Board whenever a change in ownership, location, pharmacy name, or pharmacist-in-charge occurs. As the owner or corporate representative of this pharmacy, my signature below acknowledges my (the corporation's) responsibilities as the permit holder, including all of the corporate / permit holder duties and responsibilities noted in NH RSA 318:38 and Ph 704.11(d).

Signature of Owner / Corp. Rep.: _____ Date: _____

Printed Name of Owner / Corp. Rep.: _____ Title: _____

Statement / Attestation from Pharmacist-In-Charge

To the best of my knowledge and belief the foregoing application is true and current in all respects. I understand that I have been designated as pharmacist-in-charge and as such, I have accepted the responsibility for the safe, effective operation of that pharmacy as provided in NH RSA 318:38, I. I understand that pursuant to Ph 306.02, the person to whom a permit to operate a pharmacy in New Hampshire has been issued shall, within 15 days of that person's discovery of a change in any of the data contained in this renewal application, report the change(s) to the Board in writing.

Signature of Pharmacist-In-Charge: _____ Date: _____

* I also certify by my initials here, that the pharmacy is duly registered and reporting to the
NH Prescription Drug Monitoring Program as required by NH Law RSA 318-B:33, II & III. _____

*Must be initialed by PIC for Renewal To Be Processed

**** IMPORTANT - REQUIRED ATTACHMENT ****

Attach separate sheet (spreadsheet format preferred) to this form showing all **pharmacists, pharmacy technicians, & pharmacy interns** employed at the pharmacy along with their **NH pharmacy license/registration numbers**. On this sheet, all pharmacists who have security access to the prescription department (key/alarm-code holders) must be noted.